



Form CPF 18A : Report of Independent Expenditure  
Promoting Election or Defeat of Candidate(s)

Office of Campaign and Political Finance

Commonwealth  
of Massachusetts

Office of Campaign and Political Finance  
One Ashburton Place  
Boston, MA 02108  
(617) 727-8352

1. Date of Report:

9/22/06

(Must be filed within 7 business days of expenditure(s) in excess of \$100.00 in aggregate)

2. Expenditure(s) Made By:

1199SEIU United Healthcare Workers East

(Name of individual or group making expenditure)

21 Fellows St.

Roxbury

MA

02119

Street Address

City/Town

Zip

3. Name of Candidate(s) For Whom the Above Expenditure(s) Election or Defeat Promoted:

Bob Haver

4. Expenditure(s):

Date Paid	To Whom Paid	Address	Purpose	Amount

I hereby certify the expenditures noted are independent expenditures, as defined by M.G.L. c.55, section 18A:

- (1) the individual(s) or group who made the expenditure(s) described herein did not solicit or receive any contributions in contemplation of such expenditure(s); and
- (2) the individual(s) or group who made the expenditure(s) described herein did not cooperate, consult or act in concert with or at the request or suggestion of any candidate, or political committee organized on behalf of any candidate, or any agent of a candidate or any political committee in making such expenditure(s).

I further certify that all statements made herein are true and accurate.

Signed under the penalties of perjury:

Signature

Date

Print Name of Individual Signer and Title (if signing on behalf of a group)

CAMPAIGN & POLITICAL  
FINANCE

2006 SEP 26 A 11:26

OCPF				
Date paid	to whom paid	address	purpose	amount
9/22/2006	Murdock Mailing Co	65 Sprague Street Boston, MA 02136	mailing	\$1,333.82

2006 SEP 26 A 11:25  
CAMPAIGN & POLITICAL  
FINANCE

# MURDOCK MAILING CO., INC.

65 SPRAGUE STREET  
BOSTON, MA 02136  
Tel. (617) 361-5959  
Fax (617) 361-9779  
www.murdockmail.com

INVOICE NUMBER: 16131-C

INVOICE DATE: 9/20/06

PAGE: 1

1199 SEIU  
21 Fellows Street  
Roxbury, MA 02119

CUSTOMER ID	CUSTOMER PO	PAYMENT TERMS	
LOCAL 2020		Net 30 Days	
SALES REP ID	SHIPPING METHOD	SHIP DATE	DUE DATE
	US Mail		10/20/06

QUANTITY	ITEM NUMBER	DESCRIPTION	UNIT PRICE	EXTENSION
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1.00		Bob Havern Download file, inkjet name & address, mail 1st class auto -1801 records	129.060	129.06
1.00		First class postage due	537.850	537.85

Subtotal	666.91
Sales Tax	
Total Invoice Amount	\$666.91
Payment Received	
Check No:	TOTAL DUE \$666.91

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65 SPRAGUE STREET  
BOSTON, MA 02136  
Tel: (617) 361-5959  
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INVOICE NUMBER: 16109-C

INVOICE DATE: 9/20/06

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Roxbury, MA 02119

CUSTOMER ID		CUSTOMER PO		PAYMENT TERMS	
LOCAL 2020				Net 30 Days	
SALES REP ID		SHIPPING METHOD		SHIP DATE	DUE DATE
		US Mail			10/20/06
QUANTITY	ITEM NUMBER	DESCRIPTION		UNIT PRICE	EXTENSION
1.00		Bob Havern Download file, inkjet name & address, mail 1st class auto -1800 records		129.060	129.06
1.00		First class postage due		537.850	537.85
				Subtotal	666.91
				Sales Tax	
Total Invoice Amount					\$666.91
Payment Received					
Check No:				TOTAL DUE	\$666.91